

Lemont Murray
PCT International Division
(703) 305-3588

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **101049880** FILING DATE _____
APPLICANT(S) _____

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				51
2		1		1			52
3		2		1			53
4		①		1			54
5		②		1			55
6		③		1			56
7		④		1			57
8	1		1				58
9		1		1			59
10		2		1			60
11		①		1			61
12		④		1			62
13							63
14							64
15							65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL D.		2	16				TOTAL IND.
TOTAL EP.		2	16				TOTAL DEP.
TOTAL AIMS		12					TOTAL CLAIMS